

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019870

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

280

Primary Registration District No.

Registrar's No.

47

FILED JUN 6 1962

## 1. PLACE OF DEATH

a. COUNTY

Platte

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Carrol Township

Length of stay in 1b

17 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Home

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Platte

c. CITY OR TOWN

Platte City

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

8 Miles So. East of P. C.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Clarence

Middle

Arthur

Last

Diehl

## 4. DATE OF DEATH

Month

May

Day

26

Year

1962

## 5. SEX

Ma

## 6. COLOR OR RACE

Wh

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

9-18-95

## 9. AGE (last birthday)

66

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm owner

11. BIRTHPLACE (City and state or country)

Louisville, Ky.

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Louis Diehl

## 13b. MOTHER'S MAIDEN NAME

Catherine Emmill

## 14. NAME OF HUSBAND OR WIFE

Clara M. Diehl

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW I

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Joe Vandendaele Jr. Rt. 13

K. C. 61 Mo

18. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

GUNSHOT WOUND

INTERVAL BETWEEN ONSET AND DEATH

INST.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

GUN FIRED IN THE MOUTH

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

SUICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

HOME

20f. CITY, TOWN, OR LOCATION

CARROLL TWP. PLATTE

COUNTY

STATE

MO.

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_.  
Death occurred at APPROX. 4:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Roland M. Giffey, Coroner

(Degree or title)

## 22b. ADDRESS

Platte City, Mo.

## 22c. DATE SIGNED

4-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-28-62

23c. NAME OF CEMETERY OR CREMATORY

White Chapel Cemetery

23d. LOCATION (City, town, or county)

Gladstone, Missouri

(State)

24. FUNERAL DIRECTOR

McComas Funeral Home

ADDRESS

Smithville, Mo.

25. DATE RECD. BY LOCAL REG.

5.28.1962

26. REGISTRAR'S SIGNATURE

Lphie Rollins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0830

2 0830

3 1

4 0

5 2

6

7 1

8 2

9 976X

10

11

12 90-3

13 1-0

7961 9 JUN

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.